

An English Medium, Sr. Sec. School, Affiliated to CBSE, Delhi
INS 2&3, RIICO Industrial Area Phase II, Newai, Dist Tonk, Rajasthan -304021.
Tel 8875010026 / 44 / 55, 8875003151 • admissions@dknmgs.edu.in • www.dknmgs.edu.in

REGISTRATION FORM

Affix
Student's
Photograph
Here
(not more than
1 month old)

Application No.

Affix
Father's
Photograph
Here
(not more than
1 month old)

Affix
Mother's
Photograph
Here
(not more than
1 month old)

Serial No.

Affix
Local Guardian
Photograph
Here
(not more than
1 month old)

E.R.P. No. :	Route No. :
Landmark :	Referred By :
1. Child's Particulars (To be filled in BLOCK lette	ers)
First Name	
Middle Name	
Last Name	NLEDGE
Date of Birth DD/MM/YYYY	CH
Date of Birth in Words	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Age as on 31st March (Years, Months & Days)	YearsMonthsDays
Category (Attach Documents)	☐ General ☐ SC/ST ☐ OBC
Gender: Male / Female / Transgender	
Nationality	TTATTONIE
Class (for which admission is sought)	HILLA
Previous school attended	
Previous school's affiliating body (CBSE / ICSE / UP / Other)	
Reason for leaving previous school	
Aadhaar No.	
Contact No. (Home)	
Present Residential Address (with Pin Code)	
Permanent Residential Address (with Pin Code)	

8. SMS Sending Authority								
I agree to receive SMS from Dr. K.	N. Modi Global School	on following	number to update me / us from ti	me to tir	ne about sch	ool		
related important information.					(Only one mo	bile number)		
Mobile No. (on which you want to	receive SMS)	1		-				
Mobile's Owner name		1						
Relation with the student					-			
(if not a parent then you must men	ntion the appropriate	reason for no	ot choosing parent's mobile number	r)				
		-11		Contract Con				
CERTIFICATE FROM THE PARE								
I hereby certify that the above info	ormation provided by	me / us is co	rrect and I understand that if the ir	formation	on is found to	be incorred		
or false, the ward shall be automa								
registration / short listing does not	guarantee admission	to my ward.	I accept the process of admission	undertak	en by the scl	hool and		
I will abide by the decision taken b	by the school authorit	ies.						
Date :								
Signature:	Name:		Relation with the prospective Stu	ident:				
The following documents mus								
			or Office of Registrar of Births & D	eaths.				
2. Photocopy of Student's Aadl	naar Card.							
3. Photocopy of Proof of Addre		(III)						
 Photocopies of parents' educ Photocopies of School Program 			KG onwards)					
5. Photocopies of School Progr6. Photocopies of Certificates n			NG Offwards)					
			sequent categories - SC / ST / OBC	/ EWS.				
Please bring the original docu	ments to be verifie	d at the tim	e of submission of the photoco	pies.				
	(FC	OR OFFICI	E USE ONLY)					
Application Received By:			For Class					
Admission Test Date / Time			Remarks	temarks				
Interview Date / Time			Result					
Student's Information Entered on and by :								
Document Required	Received Or	Received By	Document Required	-	Received On	Received By		
Photocopy of Date of Birth certificate		Photocopies of parents' educational qualification (highest).						
Photocopy of Student's Aadhar Card			Photocopies of School Progress Report for the last year.					
Photocopy of Proof of Address	Photocopy of Proof of Address		Photocopies of Certificates received in co-curricular activities.					
Student's Details confirmed by:		Tea	cher's Name	Sign				

2. Father's Particulars First Name Last Name Aadhaar No. Highest Academic Qualifications Occupation Designation Annual Income Office Name and Address (with PIN code) Office Telephone (including Extension if any) Mobile Email address Number of hours spent every day with the child

3. Mother's Particulars

First Name	
Last Name	
Aadhaar No.	
Highest Academic Qualifications	
Occupation	
Designation	
Annual Income	
Office Name and Address (with PIN code)	
Office Telephone (including Extension if any)	
Mobile	
Email address	
Number of hours spent every day with the child	

3.Local Guard	dian Particulars				
First Name					
Last Name					
Aadhaar No.					
Highest Acader	nic Qualifications				
Occupation					
Designation					
Annual Income					
Office Name an	d Address (with PIN code)				
Office Telephon	ne (including Extension if any)				
Mobile	1-5				
Email address					
Number of hou	rs spent every day with the child				
4. Other particulars of the family: i. Whether the family is Joint Nuclear Single P ii. Number of members in the family living together Name Relation to child Age			nal Qualification	Profession	
iii. Real Brother			Class / Name	of school / College	
Name		·	or school / conege		
5. If Father / Mo	other / Real Brother / Sister a	re Alumi	nus of Dr. K.N. N	4odi Global School, plea	se specify
S.No. Name			*	Branch	Year of Passing
				TEN LINE	
				And the same of th	